

You may process your report and payment online at:
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EMPLOYER'S QUARTERLY REPORT FOR INDUSTRIAL INSURANCE (WORKERS' COMPENSATION)

☐ Check here if changes are made on reverse of white copy.

Please note - you MUST submit a Quarterly Report even if you had no workers.

Team #

UBI Number :

Account ID :

This Report is for :
Quarter Ending :

TO AVOID PENALTY-This Report MUST be
POSTMARKED and mailed with payment
NO LATER THAN:

[illegible]

NO CARBON REQUIRED

I certify that this report is true and correct to the best of my knowledge

Sign here **X**

Print name here

Check type of organization ☐ Corp ☐ LLC
☐ Individual ☐ Partnership ☐ Other

Official position

Employer's telephone number

Preparer's telephone number

Date

Report prepared by	
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1.	TOTAL OF PREMIUMS (COLUMN 7)	\$
2.	PENALTY FOR LATE REPORTING (SEE BACK OF CANARY COPY)	\$
3.	INTEREST - 1% FOR EACH MONTH LATE REPORTING	\$
4.	AMOUNT DUE FOR THIS QUARTER	\$
5.	PREVIOUS BALANCE (DUE OR CREDIT)	\$
6.	GRAND TOTAL TO BE SUBMITTED WITH THIS REPORT	\$

MAKE CHECK PAYABLE TO LABOR & INDUSTRIES

For Dept. use only

Remit # _____ PD _____

SIGNATURE - INFORMATION

F212-055-000 QR 10/02

**This Address
Must Show
Through Return
Envelope Window**

Caution - Fold so that only address in shaded area above shows through window of enclosed envelope.
Return white copy with payment. Keep canary copy for your records

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KEEP
THIS
FOR
YOUR
RECORDS

TO REPORT CHANGES, COMPLETE THIS SECTION. PLEASE MAKE A COPY FOR YOUR RECORDS.

1. Change of address - Type of change - (please check)

- ☐ New business location
- ☐ Replaces previous location
- ☐ Additional location
- ☐ Mailing address change only
- ☐ Both location and mailing address change
- ☐ Name/address change or correction
(attach additional forms if necessary)

Effective date of change: / /

Location address

Business name	
New location address	
City	State ZIP+4
Phone No. ()	Fax No.

Mailing address

Business name	
Mailing address	
City	State ZIP+4

2. Ownership change Entity change Sold/leased

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If sold/leased, the name of new owner/lessee.		Phone No.
New location address		
City	State ZIP+4	
If not sold, explain change: (some changes require completion of Master Business Application)		

3. Business closure Business was: Discontinued Other

Effective date of change / /	Date employment ceased / /
Location (address) of books/payroll records	
City	State ZIP+4
Name and mailing address of person authorized to receive refund.	
City	State ZIP+4

I certify that I am authorized to receive any refund of money (with the exception of Retrospective Rating Refunds) held by the State of Washington for the business.

Phone No. ()	Title	Required Authorizing Signature
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If the nature of business has changed through activities started or discontinued, change in occupation or other changes, please explain:

Please complete the back of the white copy to notify . . .

the Department of Labor and Industries of change in business activities.

Examples are: Change of address
Ownership change
Closing an account
Change in business activities

Authorized signatures are required. Please make a copy for your records.

RETURN THE WHITE COPY WITH THE PROPER PAYMENT AND KEEP THE CANARY COPY FOR YOUR RECORDS
You may file your report and payment online at: www.LNI.wa.gov/expressfiling

Thank you.

INFORMATION AND INSTRUCTIONS

QUARTERLY REPORTS

“A report covering each calendar quarter is required until the employer ceases business and notifies the Department that the account is to be closed.” *Any period for which a quarterly report is not received may be estimated and processed for collection based upon the best information the department has available as authorized by RCW 51.16.155.*

If there was no employment during a quarter and no premiums are due, the report should be marked “None” in Column 5, signed and submitted by due date. A report so marked will not result in closure of the account unless it is stated to be a FINAL report and necessary information is submitted on the reverse of the white copy. The department may close an account on which four consecutive “No Employment” reports have been received.

When are the reports and premiums payments due?

They are due by the end of the month that follows the end of each quarter:

First quarter ends:	March 31	Report and payment due:	April 30
Second quarter ends:	June 30	Report and payment due:	July 31
Third quarter ends:	Sept. 30	Report and payment due:	Oct. 31
Fourth quarter ends:	Dec. 31	Report and payment due:	Jan. 31

What are the penalties for paying my premium late?

1st month over due: 5% penalty (\$10 minimum) + 1% interest on the premium owed
2nd month over due: Additional 5% penalty + 1% interest on premium owed
3rd month over due: Additional 10% penalty + 1% interest on premium owed
4th month over due & thereafter: Additional 1% interest on premium each month.

It is the responsibility of the employer or employer representative to prepare and send the required reports and payments, and to ensure they are postmarked by the due date.

LIABILITY FOR WORK BY CONTRACT

If you have work done by contract, you may be liable for the premiums on the contractor’s employees in the event a contractor or subcontractor defaults in their premium payments. You have the right to withhold final payment for work done by contract until you are assured all premiums have been paid, and you should contact the Olympia office or the department service location in your area if you have any questions regarding this matter. NOTE: If the essence of the contract with any person is their personal labor, such contractor is then considered to be a worker and should be reported as your employee.

OWNERS, PARTNERS, LIMITED LIABILITY COMPANY MEMBER/MANAGERS COVERAGE

Sole proprietors, partners, and Limited Liability Company member managers, with management responsibility, are exempt from mandatory coverage but may secure coverage for themselves by making application on department form F213-042-000. This application form states the general terms and conditions of coverage and the reporting and premium requirements.

Once secured, coverage remains in effect and the employer is liable for premiums to the date that written notice of cancellation is received by the department or until the covered individual’s employment is terminated, or until the department has advised in writing that coverage is canceled.

OFFICERS OF CORPORATE EMPLOYERS

Corporate officers who perform no manual labor, have substantial control over the daily management of the corporation, and are also directors and shareholders are excluded from mandatory coverage. Non-public corporations may exclude up to eight officers, even if they perform manual labor, if they meet all the other criteria. Any number may be excluded if they are related within the third degree or by marriage. Optional coverage is available by filing an “Application for Optional Coverage”, form F213-042-000. It is available upon request from the department. Officers employed by non-profit organizations are not exempt and should be reported as employees.

HOW TO PREPARE THE REPORT

1. Employees and Personal Labor Contractors

Determine the payroll and workers hours/units for each class and list each class, nature of work, amount of payroll and worker hours/units on a separate line. Enter your assigned composite rate for the class in Column 6, compute the premium (hours/units x rate) and enter the premium amount in Column 7. (Report forms furnished from the Department will be preprinted with class number, nature of work & the composite rate).

NOTE: In the event you are performing work not described under the classes as assigned, you should contact the Department for further information regarding classes & rates. Call your local office or your policy manager at the phone number indicated at the top of the front page.

2. Report only actual hours/units worked for hourly employees. Holidays, vacations or sick leave are not to be included in actual hours/units worked. Salaried employees are reported at 480 hours per quarter unless accurate time records are maintained reflecting actual hours worked.

3. Owners, partners, Limited Liability Company member/managers or corporate officers who have secured coverage must be reported in appropriate class along with other employees.

4. Add the premium amounts in Column 7 and list the total on Line 1 of the Summary. If your report will not be filed timely, see information on penalties and interest. Compute the penalty and interest due, and enter on Line 2 and 3. Add amounts on Lines 1, 2 and 3 and enter the total on Line 4. On Line 5, enter balances you owe, or credits due from previous reports and list the total of Line 4 and Line 5 on Line 6. Remit the amount with your report.

5. The report must be signed by an Owner or authorized person. Please furnish all answers requested in the Signature Information Block.

6. Mail Original Report with remittance to the department.

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